

# Application for Salmon Roe License for the Year \_\_\_\_\_

Department Use Only		
Transmittal No.	Payment Receipt	
License Type		
License Number		
Total Fee \$95.00	Amount Received	Card#

**License will Expire December 31st**

License Owner(s) Information						
LastName		First Name			Initial	
Permanent Address						
Mailing Address						
City		State			Zip Code	
Birthday (M/D/Y)	Sex	Hair	Eyes	Weight	Height	
Permanent Phone: (       )			SSN #			
<p>I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Providing false information may invalidate this license.</p>						
Signature of Owner			Date			
Signed at (Place)						

***Mail applications directly to:***

**Department of Fish and Wildlife  
License Division  
600 Capitol Way N  
Olympia, WA 98501-1091**

**Office Location: 1111 Washington Street SE, Olympia , WA  
Phone Number: (360) 902-2464 \* TDD (360) 902-2207  
FAX (360) 902-2945**

## **License Requirements**

**RCW 75.28.690 Salmon Roe License**—(1) A salmon roe license is required for a crew member on a boat designated on a salmon charter license to sell salmon roe as provided in subsection (2) of this section. (2) A crew member on a boat designated on a salmon charter license may sell salmon roe taken from fish caught for personal use, subject to rules of the director and the following conditions:

- (a) The salmon is taken by an angler fishing on the charter boat;
- (b) The roe is the property of the angler until the roe is given to the crew member, The crew member shall notify the charter boats passengers of this fact;
- (c) The crew member sells the roe to a licensed wholesale dealer; and
- (d) The crew member is licensed as provided in subsection (1) of this section and has the license in possession whenever the crew member sells salmon roe.

## **Notification Clause**

The Washington Department of Fish and Wildlife receives federal financial assistance through the federal aid in fish and wildlife restoration acts. Any person who believes they have been discriminated against because of race, color, national origin, age or handicapping condition in a program, activity, or facility operated by the department, should write to: USFWS, Department of Interior, 18th & C Streets NW, Washington DC 20241. The complaint must include your name, address, phone number, date of incident, and reason you believe you have been discriminated against.